

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**09/011910**

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					51			
2	/					52			
3	2					53			
4	0					54			
5	0					55			
6	0					56			
7	0					57			
8	0					58			
9	0					59			
10	0					60			
11	0					61			
12	0					62			
13	0					63			
14	0					64			
15	0					65			
16	0					66			
17	0					67			
18	0					68			
19	0					69			
20	0					70			
21						71			
22						72			
23						73			
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26						76			
27						77			
28						78			
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41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
T TAL IND.	/					TOTAL IND.			
T TAL DEP.	20					TOTAL DEP.			
T TAL CLAIMS	21					TOTAL CLAIMS			